

1771

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JUN 21 2004

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FACSIMILE TRANSMITTAL SHEET

| | |
|---------------------------------|--|
| TO: | FROM: |
| Exr. Jennifer Boyd | Shirley S. Ma Patent & Business Development Counsel |
| COMPANY: | PHONE NUMBER: |
| U.S.P.T.O., Art Unit 1771 | 203-799-9000 Ext. 277 |
| FAX NUMBER: | SENDER'S FAX: |
| 703.872.9306 | 203-799-7000 |
| DATE: | SENDER'S EMAIL: |
| 6/21/2004 | Email: PatentCounsel@kxindustries.com |
| TOTAL NO. OF PAGES INCL. COVER: | COMPANY CONFIDENTIAL |
| 15 | |

URGENT AS REQUESTED PLEASE REVIEW AND COMMENT PLEASE CALL FYI ONLY

NOTES/COMMENTS:

Attached for filing is a Response and Petition for an Extension of Time.

Please confirm receipt by return facsimile.

Thank you.

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002

Docket No. 369.7217US

PATENT

Applicant: E.E. Koslow

Date: 21 June 2004

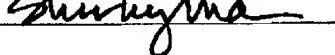
Serial No. 09/864,876

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Filing Date: 24 May 2001

Name: Shirley S. Ma Date: 21 June 2004

For: RAPID ABSORBENT ARTICLES

Signature: 

MAIL STOP
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.
 Applicant claims small entity status.

The fee has been calculated as shown below:

| | (COL. 1) | | (COL. 2) | (COL. 3) |
|--|---|-------|---------------------------------------|------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | *25 | Minus | **25 | = 0 |
| Indep | *4 | Minus | ***4 | = 0 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | |
| <input checked="" type="checkbox"/> EXTENSION FEE | | | | |

Small Entity Fee

| RATE | ADDITIONAL FEE |
|---------|----------------|
| X\$ 9- | \$ |
| X\$ 43- | \$ |
| XS 145- | \$ |
| | \$210.00 |
| Total | \$210.00 |

*If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Applicant petitions the Commissioner for a two (2) month(s) extension of time to respond, pursuant to 37 CFR §1.136(a).
- A check in the amount of \$ _____ is attached.
- Please charge my Deposit Account No. 502371 for any over or under payment of filing fees under 37 CFR §1.16 for presentation of extra claims, or patent application processing fees under 37 CFR §1.17.
- Return Postcard.
- Other: _____

Respectfully submitted,



Shirley S. Ma, Reg. No. 44,216